



Attorney Docket No. SON-1996 Date: January 22, 2001

ASSISTANT COMMISSIONER FOR PATENTS Washington, D.C. 20231

## Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Hideki OKADA and Yuuichi USHIZALA

For: PROJECTION TYPE CATHIDE RAY TUBE

Enclosed are:

| $\overline{\mathbf{X}}$ | Specification | and | Claim(s) |  |
|-------------------------|---------------|-----|----------|--|
|-------------------------|---------------|-----|----------|--|

- ☑ Oath or Declaration (Unexecuted).
- Five sheet(s) of drawings.
- $\square$  An assignment of the invention to \_\_\_\_\_\_
- ☐ Copy of \_\_\_\_\_ priority application(s).
- $\square$  Preliminary Amendment.

The fee has been calculated as shown below:

| CLAIMS AS FILED                                 |              |              |                |                          |  |
|---|--------------|--------------|----------------|--------------------------|--|
| FOR   | NUMBER FILED | NUMBER EXTRA | RATE           | BASIC FEE<br>\$355/\$710 |  |
| TOTAL   |              |              | X \$ 9         |                          |  |
| CLAIMS  | 10-20        | 0            | \$18           | \$0                      |  |
| INDEP.<br>CLAIMS                                | 1-3          | 0            | X \$40<br>\$80 | \$0                      |  |
| Fee for Multiple Dependent Claims \$130/\$260 0 |              |              | 0              |                          |  |
|   |              |              | TOTAL          |                          |  |
|   |              |              | FILING FEE     | \$710.00                 |  |

|     | A Preliminary Amendment is attached.  |
|-----|---|
|     | °Verified Statement claiming small entity status is enclosed.   |
| X   | Charge \$ 710.00 to Deposit Account No. 18-0013 to cover the filing fee. A duplicate copy of this sheet is enclosed.  |
| X   | The Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 or 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 18-0013. A duplicate copy of this sheet is enclosed. |
|     | A check in the amount of \$ cover the filing fee is enclosed.   |
|     | Charge \$ to Deposit Account No. 18-0013 to cover the recordal fee. A duplicate copy of this sheet is enclosed.   |
| X   | Applicant's undersigned attorney may be reached by telephone in our Washington D.C. Office at   |
|     | (202) 955-3750.   |
| All | correspondence should be directed to our below listed address.  |

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